
State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
Product Name:	Healthcare Professional Liability Program		
Project Name/Number:	MDVIP Risk Purchasing Group Rule & Forms/		

Filing at a Glance

Company:	ProAssurance Casualty Company
Product Name:	Healthcare Professional Liability Program
State:	Illinois
TOI:	11.2 Med Mal-Claims Made Only
Sub-TOI:	11.2023 Physicians & Surgeons
Filing Type:	Rule
Date Submitted:	05/14/2013
SERFF Tr Num:	PCWA-129028017
SERFF Status:	Closed-Filed
State Tr Num:	PCWA-129028017
State Status:	
Co Tr Num:	IL-MDVIP-2013-R
Effective Date	06/15/2013
Requested (New):	
Effective Date	06/15/2013
Requested (Renewal):	
Author(s):	LaQuita Goodwin
Reviewer(s):	Gayle Neuman (primary), Neetha Mamoottile, Caryn Carmean
Disposition Date:	06/14/2013
Disposition Status:	Filed
Effective Date (New):	06/15/2013
Effective Date (Renewal):	06/15/2013
State Filing Description:	
	routed 5/31/13

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
Product Name:	Healthcare Professional Liability Program		
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General Information

Project Name: MDVIP Risk Purchasing Group Rule & Forms	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments: None
Reference Organization: None	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/14/2013	
State Status Changed:	Deemer Date:
Created By: LaQuita Goodwin	Submitted By: LaQuita Goodwin
Corresponding Filing Tracking Number: PCWA-129028018	

Filing Description:

MDVIP Risk Purchasing Group Association was registered in Illinois on February 9, 2013. I submit for your review and approval the initial filing of the rule, forms and applications that will be used for policies issued through this purchasing group, underwritten by ProAssurance Casualty Company. I request the effective date of June 15, 2013 for this filing submission.

The attached underwriting manual pages contain the rule which includes the eligibility requirements and credit for members of this purchasing group. The policy forms and applications used for this program are being submitted under separate cover.

If you have any questions during the review process, please contact me.

Thank you.

Company and Contact

Filing Contact Information

LaQuita Goodwin, Compliance Specialist	lgoodwin@proassurance.com
100 Brookwood Place	205-877-4426 [Phone]
Birmingham, AL 35209	205-414-2887 [FAX]

Filing Company Information

ProAssurance Casualty Company	CoCode: 38954	State of Domicile: Michigan
100 Brookwood Place	Group Code: 2698	Company Type: Property &
Birmingham, AL 35209	Group Name: ProAssurance	Casualty
(205) 877-4426 ext. [Phone]	FEIN Number: 38-2317569	State ID Number: 12

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State Specific

State:	Illinois	Filing Company:	ProAssurance Casualty Company
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Refer to our checklists prior to submitting filing (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm):

Acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: Acknowledged

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Acknowledged

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": N/A

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: N/A

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
Product Name:	Healthcare Professional Liability Program		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	06/14/2013	06/14/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	05/30/2013	05/30/2013

Response Letters

Responded By	Created On	Date Submitted
LaQuita Goodwin	05/30/2013	05/30/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective date response	Note To Reviewer	LaQuita Goodwin	06/13/2013	06/13/2013
effective date	Note To Filer	Gayle Neuman	06/13/2013	06/13/2013
rule filing	Reviewer Note	Caryn Carmean	06/13/2013	
rpg info	Reviewer Note	Gayle Neuman	05/31/2013	

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
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Disposition

Disposition Date: 06/14/2013
Effective Date (New): 06/15/2013
Effective Date (Renewal): 06/15/2013
Status: Filed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Marked copies of manual pages		Yes
Rate	Manual Pages		Yes

State: Illinois **Filing Company:** ProAssurance Casualty Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons
Product Name: Healthcare Professional Liability Program
Project Name/Number: MDVIP Risk Purchasing Group Rule & Forms/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/30/2013
Submitted Date	05/30/2013
Respond By Date	06/06/2013

Dear LaQuita Goodwin,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

State: Illinois **Filing Company:** ProAssurance Casualty Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons
Product Name: Healthcare Professional Liability Program
Project Name/Number: MDVIP Risk Purchasing Group Rule & Forms/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/30/2013
Submitted Date	05/30/2013

Dear Gayle Neuman,

Introduction:

The response to your 5/30/2013 objection is below.

Response 1

Comments:

Yes, we use Independent Statistical Service, Inc. (ISS).

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any other concerns.

Thank you.

Sincerely,

LaQuita Goodwin

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
Product Name:	Healthcare Professional Liability Program		
Project Name/Number:	MDVIP Risk Purchasing Group Rule & Forms/		

Note To Reviewer

Created By:

LaQuita Goodwin on 06/13/2013 01:48 PM

Last Edited By:

Gayle Neuman

Submitted On:

06/14/2013 09:21 AM

Subject:

Effective date response

Comments:

Yes, we would still like to keep the requested effective date of 6/15/2013

Thank you.

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
Product Name:	Healthcare Professional Liability Program		
Project Name/Number:	MDVIP Risk Purchasing Group Rule & Forms/		

Note To Filer

Created By:

Gayle Neuman on 06/13/2013 01:06 PM

Last Edited By:

Gayle Neuman

Submitted On:

06/14/2013 09:21 AM

Subject:

effective date

Comments:

The Department of Insurance has completed its review of this filing. ProAssurance requested the filing be effective June 15, 2013. Do you still want to use that date? Your prompt response is appreciated.

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
Product Name:	Healthcare Professional Liability Program		
Project Name/Number:	MDVIP Risk Purchasing Group Rule & Forms/		

Reviewer Note

Created By:

Caryn Carmean on 06/13/2013 12:17 PM

Last Edited By:

Gayle Neuman

Submitted On:

06/14/2013 09:21 AM

Subject:

rule filing

Comments:

No actuarial review needed.

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
Product Name:	Healthcare Professional Liability Program		
Project Name/Number:	MDVIP Risk Purchasing Group Rule & Forms/		

Reviewer Note

Created By:

Gayle Neuman on 05/31/2013 11:10 AM

Last Edited By:

Gayle Neuman

Submitted On:

06/14/2013 09:21 AM

Subject:

rpg info

Comments:

see attachment

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
Product Name:	Healthcare Professional Liability Program		
Project Name/Number:	MDVIP Risk Purchasing Group Rule & Forms/		

Attachment RE MDVIP Risk Purchasing Group Association.htm is not a PDF document and cannot be reproduced here.

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
Product Name:	Healthcare Professional Liability Program		
Project Name/Number:	MDVIP Risk Purchasing Group Rule & Forms/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Manual Pages	Pages 46 and 51	Replacement		IL manual pages 46 & 51 adding MDVIP eff 6-15-2013.pdf

II. STATE EXCEPTIONS

A. Policy Issuance

1. If the policy is written through a purchasing group, the following notice will be shown on the coverage summary or cover page of the policy in at least 10 point type (12 point type shown):

This policy is issued through [Name of Purchasing Group], underwritten by [Company Name].

B. Rules

1. Section 2, Physicians & Surgeons Specialty Codes and Descriptions, is amended by adding the following:

<u>Specialty</u>	<u>Industry Class Code</u>		
	<u>No Surgery</u>	<u>Minor Surgery</u>	<u>Major Surgery</u>
Endocrinology	80238	-	-
Infectious Disease	80246		-

2. Section 2, Physicians & Surgeons Specialty Codes and Descriptions, is amended by adding the following:

CLARIFICATION OF SPECIALTY CODES

<u>Code</u>	<u>Specialty Description</u>
80102(A)	Emergency Medicine – Moonlighting - no surgery
80102(B)	Emergency Medicine – Moonlighting - minor surgery
80102(C)	Emergency Medicine – clinic/hosp. primarily
80117(A)	Family/General Practice, No OB – major surgery
80117(B)	Family/General Practice, Limited OB – major surgery
80117(C)	Family/General Practice, Significant OB – major surgery
80145(A)	Urology – no surgery
80145(B)	Urology – minor surgery
80145(C)	Urology – major surgery
80154(A)	Orthopedic (No Spines) – major surgery
80154(B)	Orthopedic (Spines) – major surgery
80222(A)	Hospitalist – Hosp. Employed/ Single Hospital Affiliation
80222(B)	Hospitalist – Non-Hosp. Employed/Multiple Hospital Affiliations
80256(A)	Dermatology – no surgery
80256(B)	Dermatology – no surgery (specified procedures)
80281(A)	Cardiovascular Dis. – minor surgery
80281(B)	Cardiovascular Dis. – minor surgery, specified procedures
80421(A)	FP or GP – assist in major surgery - own patients only (no minor)
80421(B)	FP or GP – minor surgery & assist in major surgery- own patients
80421(C)	FP or GP – assist in major surgery
80424(F)	Urgent Care – no surgery
80424(V)	Urgent Care – no surgery, rated on a per-visit basis
80475(A)	Pain Management – no major surgery
80475(B)	Pain Management – basic procedures
80475(C)	Pain Management – intermediate procedures
80475(D)	Pain Management – advanced procedures
80116(A)	Physician Assistant
80116(B)	Surgeon Assistant
80960(D)	Nurse Anesthetist – Dental
80960(M)	Nurse Anesthetist – Medical

C. For insureds who ARE members of the MDVIP RISK PURCHASING GROUP ASSOCIATION

Eligibility

An insured may qualify as a member for the MDVIP Risk Purchasing Group if he has met or exceeded the expectations of the Company's standard underwriting guidelines. To qualify, the applicant must also:

- a. be a participating physician member of MDVIP in good standing;
- b. adhere to all MDVIP practice protocols;
- c. participate in joint risk management/loss prevention/quality improvement programs and activities developed by the Company and MDVIP, including utilization of protocols and completion of courses, meetings or study material as specified by such programs;
- d. maintain continuing medical education credits;
- e. have no restriction on his/her medical license;

MDVIP PURCHASING GROUP CREDIT

Insureds who meet the criteria to participate in the MDVIP Risk Purchasing Group program are preferred risks due to the selection criteria. In recognition of this reduction of risk, all participants are eligible for a 15% credit to the base rate. All credit caps and aggregates are to apply to the base rate after it has been reduced by the 15% MDVIP Purchasing Group Credit.

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
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Supporting Document Schedules

Satisfied - Item:	Explanatory Memorandum
Comments:	
Attachment(s):	Explanatory Memorandum.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Form RF3 - (Summary Sheet)
Bypass Reason:	N/A - Initial filing of MDVIP Program
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Certification
Comments:	
Attachment(s):	MDVIP certification.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Manual
Bypass Reason:	N/A - entire manual will be attached if requested.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Request to Maintain Data as Trade Secret Information
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Marked copies of manual pages
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SERFF Tracking #:	PCWA-129028017	State Tracking #:	PCWA-129028017	Company Tracking #:	IL-MDVIP-2013-R
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State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
Product Name:	Healthcare Professional Liability Program		
Project Name/Number:	MDVIP Risk Purchasing Group Rule & Forms/		

Comments:	
Attachment(s):	IL manual pages 46 & 51 adding MDVIP eff 6-15-2013 - marked.pdf
Item Status:	
Status Date:	

Explanatory Memorandum
MDVIP Risk Purchasing Group

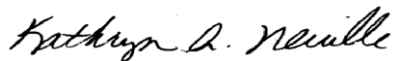
The proposed MDVIP Purchasing Group is being created for MDVIP Inc., a concierge medicine program. Unlike traditional primary care practices, MDVIP-affiliated physicians take extra time to get to know their patients, their lifestyles, and their health through consultation, comprehensive screenings, and advanced testing. Concierge medicine represents a lower risk than traditional internal medicine or family practice, since concierge medicine practitioners have a lower patient load, spend more time with their patients, and are available 24/7 for patient requests. These practice characteristics are expected to reduce claim frequency, particularly because claim frequency often results from patient load and patient dissatisfaction.

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Kathryn A. Neville, a duly authorized officer of ProAssurance Casualty Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing. I also certify that all changes made were disclosed, no written statement that the insurer, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate.

I, Howard H. Friedman, a duly authorized actuary of ProAssurance Casualty Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.



Kathryn A. Neville, Secretary
Signature and Title of Authorized Insurance Company Officer

5/14/13

Date



Howard H. Friedman, ACAS, MAAA, Senior Vice President
Signature, Title and Designation of Authorized Actuary

5/14/13

Date

Insurance Company FEIN 39-1567580 Filing Number PCWA-129028017
Insurer's Address 100 Brookwood Place
City Birmingham State Alabama Zip Code 35209

Contact Person's:

-Name and E-mail LaQuita B. Goodwin, Compliance Specialist – lgoodwin@proassurance.com
-Direct Telephone and Fax Number (205) 877-4426 – Fax (205) 414-2887

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- b. adhere to all MDVIP practice protocols;
- c. participate in joint risk management/loss prevention/quality improvement programs and activities developed by the Company and MDVIP, including utilization of protocols and completion of courses, meetings or study material as specified by such programs;
- d. maintain continuing medical education credits;
- e. have no restriction on his/her medical license;

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